

# **EXHIBIT 18**

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

3/16/04

DATE

SOCIAL SECURITY NO.

RECEIVE  
SEP 20 2004

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)

TILLMAN

MARLAYNA

PRESENT ADDRESS

7 Colony Blvd #111

CITY

Wilmington

STATE

DE

ZIP CODE

19802-20204

PERMANENT ADDRESS

PO Box 688

CITY

Claymont

STATE

DE

ZIP CODE

19703

PHONE NO.

(302) 762-0415

REFERRED BY

## EMPLOYMENT DESIRED

POSITION

driver / sales

DATE YOU CAN START

Immediately

SALARY DESIRED

Negotiable

ARE YOU  
EMPLOYED? YES NOIF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER? YES NOEVER APPLIED TO  
THIS COMPANY BEFORE? YES NO

WHERE?

N/A

WHEN?

N/A

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL	Manual High School Denver, CO 80205	4	Yes	general studies
COLLEGE	Bryn Mawr College Bryn Mawr, PA 19010	1	No	English Lit.
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	N/A			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH  
WORK OR SPECIAL TRAINING/SKILLS

\* Already experienced in all phases of vending and routes sales -

\* Forklift certified - Can operate manual/standard trans. vehicles

\* Electric / Manual Pallet Jack Certified -

\* CDL permit / Jockey truck certified -

U.S. MILITARY OR  
NAVAL SERVICE

N/A

RANK

N/A

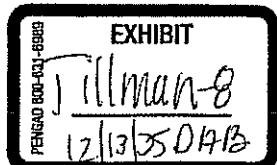
3004980

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM 5 2001 TO Present	PEPSI Bottling Group Wilmington DE 19809	\$16.15 hrly.	warehouse worker	possible layoffs forthcoming
FROM 1 1999 TO 4 2001	Priority Express Courier	\$13.00 hr	delivery driver	left for pepsi
FROM 10 1998 TO 3 1993	Comcast Cablevision New Castle DE	\$13.00 hr	dispatcher	layoff/takeover-buyout
FROM TO				

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EXHIBIT



REFERENCES GIVE BELOW THE NAMES		PEOPLE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.		
NAME	ADDRESS	BUSINESS	YEARS KNOWN	
Ron Flowers	(302) 888-1228	Pepsi Bottling Group	3	
MAC Tinsley	(215) 235-4268	Wake Up Cashition	10	
Nate Coleman, Jr.	(215) 888-0831	Univ. of Pennsylvania	8	

## AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE 3/16/04 SIGNATURE Janayna Tillman

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

REMARKS

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NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
Hired	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is valid only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this

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**Form W-4 (2004)**

**Purpose.** Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 40-ES, Estimated Tax for Individuals. Only...so, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

**Personal Allowances Worksheet (Keep for your records.)**

A Enter "1" for yourself if no one else can claim you as a dependent . . . . . A 1

B Enter "1" if: { 

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.

 } . . . . . B 1

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . C 1

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . D 2

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . E 1

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit  
(Notes: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . F 1

G Child Tax Credit (including additional child tax credit):  

- If your total income will be less than \$52,000 (\$77,000 if married), enter "2" for each eligible child.
- If your total income will be between \$52,000 and \$84,000 (\$77,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

 . . . . . G 1

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.  
For accuracy, complete all worksheets that apply. { 

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

 } . . . . . H 7

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**

OMB No. 1545-0010

**2004**

► Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than \$200 per week.

1 Type or print your first name and middle initial <b>MARLAYNA</b>	Last name <b>TILLMAN</b>	2 Your social security number <b>521 28 2725</b>
Home address (number and street or rural route) <b>PO Box 688</b>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, State, and ZIP code <b>CLAYMONT DE 19703</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability.</li> </ul> <p>If you meet both conditions, write "Exempt" here ► <b>7</b></p>		

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature

(Form is not valid unless you sign it) ► **Marlayna Tillman**

Date ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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R.J.M. VENDING COMPANY

MARLAYNA G. TILLMAN

	This Check	Year to Date	Total
Gross	300.04	300.04	300.04
Soc Sec	-11.16	-11.16	300.00
Medicare	-2.61	-2.61	0.04
Salary			
Commission			

Net Check: 286.27  
Check Date: 3/26/4  
HODGETT USE WITH YOUR CHECKBOOK

Employee ID: TILLMAN  
Social Sec # 521282725  
Pay Period Ending: Mar 26, 2004  
5064